



Town of Navassa, North Carolina
334 Main Street, Navassa, NC 28451 · Phone 910.371.2432 · Fax 910.371.0041

Zoning Compliance Application Checklist

In an effort to offer a timely permit review process please use the attached checklist. This should help identify all information that is needed for an approval.

- Completely fill out and sign the Zoning Compliance Application.
- List all property parcel numbers on application and include the privilege license numbers of all contractors if applicable.
- Include a site plan of the property drawn to scale and showing any proposed construction and/or improvements. The site plan must:
 - Be prepared by a surveyor or drawn with as much detail as possible.
 - Show the locations of property lines and all existing and proposed structures on the property including the driveway, well, and septic tank (if applicable).
 - Show the front, rear, and side setbacks.
 - Include an elevation plan showing the height of the structure.
- Locate, stake or flag the boundaries and corners of the property if applicable. A permit will not be issued until such time as the property has been marked in such a fashion that its boundaries and corners can be located. If after the permit is issued, it is determined that the corners and boundaries were improperly located, the permit will immediately be *revoked* and activities shall cease.
- Include application fee, payable by cash or check.

Applicant Signature

Date



Zoning Compliance Application

Application Fees:

Accessory Structures & Residential Structures Under 2,000 sq. ft. **\$35**

Residential Structures Between 2,000-3,000 sq. ft. **\$150**

All Non-Residential Structures of any size and Residential Structures Over 3,000 sq. ft. **\$255**

Date:			
Permit is for: <input type="checkbox"/> New Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Accessory <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other			
Applicant's Name:		Property Owner's Name (if different):	
Subdivision Name (if applicable):		Lot#:	
Property Street Address:		Parcel #:	
City:		State: NC	
Zip Code:		Applicant's Phone#:	
Fax#:		Mobile#:	
Zoning District:	Building Height (ft):	# Bedrooms:	# Bathrooms:
Is any portion of the property in a Flood Zone?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Is any existing or proposed structure in a Flood Zone?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If so, height of lowest finished floor above mean sea elevation:		Flood Zone:	
Contractor's Name:		Home Phone:	
Contractor's Address:		Work Phone:	
N.C. State License# : (Homeowner need not have license)		Expires:	
*Do You Have a Current Privilege License? <input type="checkbox"/> Yes <input type="checkbox"/> No License#: Date Issued:		Email:	
Project Description:			
SETBACKS: Front: Side: Rear:			
Water Source: <input type="checkbox"/> Well <input type="checkbox"/> Town of Navassa <input type="checkbox"/> Lena Springs <input type="checkbox"/> Brunswick County <input type="checkbox"/> NBSD <input type="checkbox"/> Wide Way/Davis Way		PWS# :	
Sewage Treatment: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Brunswick County <input type="checkbox"/> Town of Navassa <input type="checkbox"/> NBSD <input type="checkbox"/> Lena Springs		WQ#:	
NOTICE: I hereby certify that I have read and examined this application and know the same to be true and correct. I also am aware that all work done under this permit shall comply with the latest edition of the North Carolina State Building Codes and all Town Codes. I agree that I am the responsible person for contacting the Town for setback inspections. (Property must be staked) Failure to do so could result in fines and/or revocation of this zoning compliance permit.			

NOTE: PERMIT SHALL BE VOID AFTER SIX MONTHS FROM THE DATE OF ISSUANCE UNLESS SUBSTANTIAL PROGRESS ON THE PROJECT HAS BEEN MADE BY THAT TIME.

Applicant: _____ **Date:** _____

After consideration and review of the zoning compliance permit application, I have determined that the applicant is in compliance with all Town ordinances, which relate to structures erected or situated with the Town.

_____ **Date:** _____
Zoning Official

Use the space provided or attach a separate page to identify the location and dimensions of all:

- Property Lines
- Existing and proposed structures to be constructed or altered
- Septic tanks and wells, if applicable
- Setbacks (front yard, rear yard, side yards)

Attach any additional information, which will help us to understand your request and use as much detail as possible.



OFFICE USE ONLY

Impact Fee Paid

Submittal Date: ____/____/____

Amount of Fee Paid: \$____ Date: ____/____/____ Initials: _____ Receipt # _____

Initial Inspection Date: ____/____/____ Final Inspection Date: ____/____/____

Approved Zoning Permit # _____

Denied

Approval Letter & Permit Sent On: ____/____/____ Denial Letter Sent On: ____/____/____